(c) Their decision to suspend flights to Calcutta is apparently based on commercial grounds.

(d) No, Sir. Due to the ongoing programme of recarpetting work, the main runway at Calcutta airport is closed from 0900 hours to 1700 hours only on five days in a week with the consent of foreign airlines.

(e) No, Sir.

(f) Does not arise.

Implementation of ICDS in Madhya Pradesh

934. SHRI AJIT P. K. JOGI: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) the number of districts in Madhya Pradesh, covered under the I.C.D.S. (integrated Child Development Scheme) at present and whether there is any proposal to include more districts under this scheme;

(b) if so, the details thereof;

(c) what is the amount spent so far on I.C.D.S. in Madhya Pradesh;

(d) whether any study regarding the impact of I.C.D.S. in various districts of the country has been made and whether the aims of this Project has been adequately achieved, if so, the details thereof; and

(e) if not, what remedial action is proposed to be taken?

THE MINISTER OF STATE IN THE DEPARTMENTS OF YOUTH AFFAIRS AND SPORTS AND WOMEN AND CHILD DEVELOPMENT IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI MARGARET ALVA): (a) and (b) The administrative unit for the location of an Integrated Child Development Services (ICDS) project in Madhya Pradesh is a CD/TD block in rural/tribal areas and a group of slums/localities in urban areas.

A list giving, district-wise, names of 130 ICDS projects in that State is enclosed (*See* statement-I below). It is proposed to expand the programme in a phased manner

(c) Central grants amounting to Rs. 29.63 crores have been released from 1975-76 to 1987-88 (so far) for the ICDS Scheme in Madhya Pradesh.

(d) and (e) A Statement is attached. (*See* Statement-II below).

Statement-I

District-wise locations of ICDS projects in Madhya Pradesh

S.No.	Name of the District	Name of the Project/location/block
1	2	3
1.	Balaghat	1. Baihar 2. Birsa
2.	Bastar	1. Tokapal 2. Kuekonda 3. Pharasgaon 4. Durg Kondal 5. Usoor

1	2	3
		6. Chhindgarh 7. Koalibeda 8. Makadi 9. Bhanupartappur 10. Konta 11. Sukma 12. Geedam 13. Lohandiguda 14. Kondagaon 15. Cherama 16. Darbha
3.	Betul	1. Bhimpur 2. Amla 3. Bhainadehi 4. Ghodadongri 5. Chicholi
4.	Bhind	Nil
5.	Bhopal	1. J.P. Nagar 2. Ghandbarh 3. Barkhedi 4. Motha Park 5. Banganga } all in Bhopal city
6.	Bilaspur	1. Dabhara 2. Marwahi 3. Bilaspur city (Urban) 4. Kartala 5. Pendra 6. Pondi Uprora 7. Mesturi 8. Malkharoda 9. Goreila 10. Korba 11. Kota
7.	Chhatarpur	Nil
8.	Chhindwara	1. Bichhua 2. Amarwada 3. Horrai

1	2	3
9.	Damoh	1. Damoh 2. Hatta
10.	Datia	Nil
11.	Dewas	Nil
12.	Dhar	1. Dhar city (Urban) 2. Gandhwani 3. Manawar 4. Nalchha
13.	Durg	1. Saja 2. Dondi 3. Bhilai city (urban)
14.	Guna	1. Raghogarh
15.	Gwalior	1. Gird
16.	Hoshangabad	1. Babai 2. Kesla
17.	Indore	Nil
18.	Jabalpur	1. Jabalpur city-I (urban) 2. Patan 3. Jabalpur city-II (urban)
19.	Jhabua	1. Roma 2. Katthiwara 3. Meghnagar 4. Alirajpur 5. Ranapur
20.	Khandwa	Nil
21.	Khargaon	1. Niwali 2. Bhagwan pur 3. Sendhwa 4. Jhiranlya 5. Pati 6. Gogawan
22.	Mandle	1. Bajag 2. Amarpur 3. Bijadandi 4. Ghughri 5. Mewal 6. Karanjiya 7. Samnapur 8. Dindori 9. Mohgaon
23.	Mandsaur	Nil
24.	Morena	1. Karahal

1	2	3
25.	Narsinghpur	1. Narsinghpur
26.	Panna	1. Gunnour 2. Pawai
27.	Raigarh	1. Manora 2. Bagicha 3. Baramkela 4. Raigarh city (urban) 5. Jashpurnagar 6. Kansabel 7. Tapkara 8. Pussore 9. Sarangarh 10. Dharmjaigarh 11. Lailunga 12. Patthalgaon
28.	Raipur	1. Kasdol 2. Chhura
29.	Raisen	1. Silwani
30.	Rajgarh	Nil
31.	Rajnandgaon	1. Bodla 2. Manpur
32.	Ratlam	1. Bajna
33.	Rewa	1. Raipur-Karchulian 2. Rewa city (urban)
34.	Sagar	1. Sagar city (urban)
35.	Satna	1. Nagod 2. Uchehara 3. Satna city (urban)
36.	Sehore	Nil
37.	Seoni	1. Seoni 2. Keolari 3. Barghat 4. Lakhnadaum 5. Ghansaur
38.	Shehdol	1. Jaisinghnagar 2. Pushparajgarh 3. Sohagpur
39.	Shajapur	1. Susner
40.	Shivpuri	1. Pohri
41.	Sidhi	1. Singroli 2. Chitrangi 3. Kusmi 4. Rampurnekin

1	2	3
42	Surguja	1. Wadrafnagar 2. Kusmi 3. Shankargarh 4. Balrampur 5. Bharatpur 6. Baikunthpur 7. Chandramedha 8. Ramchandrapur 9. Sitapur
43	Tikamgarh	Nil
44	Ujjain	1. Tarana
45	Vidisha	Nil

Statement-II

Studies made under ICDS
Evaluation Studies on ICDS
P.E.O. Evaluation:

At the time of sanctioning of the ICDS programme in 33 projects on an experimental basis in 1975, it was considered that evaluation of the programme by an independent agency, like programme Evaluation Organisation(PEO) of the Planning Commission is essential before further expansion of the scheme was envisaged. The PEO took up the task and completed the first stage, which marked the completion of the base-line study done between July—September, 1976, and assessed the degree of preparedness for implementation. On the basis of the findings of this Report submitted in August 1977 the programme was further expanded. The Repeat Round (1977-78) was undertaken to evaluate the extent of coverage of the target population and the impact of the scheme on the beneficiary-children and women. The programme Evaluation Organisation thereafter submitted its final report in 1982. Major findings that emerged from the evaluation study are:—

(i) two-thirds of the population covered by ICDS programme comprised of scheduled castes, scheduled tribes and other backward communities;

(ii) greater proportion of scheduled caste and scheduled tribe children have benefited from this programme, accompared with children of other social groups;

(iii) the percentage coverage of the children by supplementary nutrition in ICDS varies inversely with the level of income invariably (In other words, the benefits go to the poor and are not cornered by the rich);

(iv) 62 per cent of children benefiting from the programme are from the lowest income group households, *i.e.*, those with income below Rs. 2000/- per annum; and

(v) ICDS has been able to cross income barrieres and reverse the usual trend of higher income groups availing themselves of more benefits.

2. The study also brought out certain shortcomings relating to proper identification of target population a workable mechanism for coordination among Child Development Project Officers, Block Development Officers and medical staff, constitution of coordination committees and improvement in the system of delivery of supplementary nutrition to children below 3 years of age. The Report also suggested that efforts should be intensified with regard to health and nutrition services and that potable water should be ensured in all project areas. Supervision was considered in need of being more effective.

3. The above Report was based on the data collected during 1976—79. Mid-course corrections have already been made to im-

prove the working of the projects. Some organisational weaknesses, which had been noticed in the course of implementation, have since been taken notice of and remedial action has been taken. There is considerable evidence of improvement on all points which were found deficient in the earlier evaluation.

Krishnamurthy Study

4. An assessment done by Dr. K. G. Krishnamurthy, Joint Advisor, Planning Commission and Dr. M. V. Nadkarni in 1983 showed that the children benefited under the programme included 48 per cent below 3 years and 52 per cent above 3 years. It also concluded that in spite of wide range of services and the extent of coverage, IGDS is less expensive than alternative strategies and that there is scope for both expanding the coverage of the Scheme and allocation of more resources to existing projects.

All India Institute of Medical Sciences (AIIMS) Studies

5. Health and nutrition services, being important components of the ICDS, merit special attention from the point of view of monitoring and evaluation. The All India Institute of Medical Sciences (AIIMS) New Delhi, and the medical colleges all over the country have been associated with the programme for undertaking detailed and periodical studies. Base-line and repeat surveys conducted by AIIMS and medical colleges have shown that there has been considerable improvement in the utilisation of supplementary nutrition. Vitamin 'A', Iron and Folic Acid and immunisation by all the beneficiary, pre-school children and expectant and nursing mothers, thus leading to improvement in their health and nutritional status Even pre-school children below 3 years of age showed a marked improvement in coverage by all these services.

6 Some positive results shown by these independent evaluation studies are summarised below:—

(i) The incidence of severe malnutrition declined by more than half. In the experimental projects, it declined from 19.1 per cent to 9.3 per cent in a period of 3-4 years. In a subsequent evaluation in the experimental projects, the reduction was noticed fom 16.1 per cent to 11.8 per cent in one year.

(ii) In a study in 1983 in 406 aganwadis selected from 15 States in which 4,292 children suffering from severe protein calorie malnutrition were followed up over a period of 6—12 weeks with nutritional supplementation and simple drug therapy managed at village level by aganwadi workers with the assistance of para-medical workers, 85 per cent children improved, 6.3 per cent did not show improvement, 3.6 per cent deteriorated and 3 per cent died. This compares very favourabley with 15 per cent mortality rate reported for severe protein calorie malnutrition at hospitals.

(iii) The participation of the most vulnerable age group (0—3 years old) is higher than in any previous child welfare programme. About 45 per cent of children receiving supplementary nutrition are below 3 years of age.

(iv) The immunisation coverage of children in ICDS project areas has risen substantially some times even three-fold or four-fold, as revealed in severa independent surveys.

(v) Studies in some ICDS areas have shown decline in infant mortality and

birth rates and greater acceptance of Family Planning as summarised below:

Item	ICDS Areas (1981)	National Figures (1981)
Infant Mortality Rate	88 2	110 0
Birth Rate	24 2	33.3
Pregnancy Prevalence Rate	1 8	2 8

(f) Studies have also indicated several other positive trends: increased birth weights of babies, greater prevention of disability by immunisation and other preventive measures like control of vitamin A deficiency and anaemia.

Excavation work conducted by Archaeological Survey of India in the country

935. SHRI DHARAM CHANDER PRASHANT: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether the Archaeological Survey of India is conducting excavation work at various places in the country;

(b) whether it is a fact that remains of Harappan culture had been unearthed at certain places; and

(c) whether Archaeological Survey of India has completed reports in respect of the excavations at all places?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRI L. P. SHAHI): (a) and (b) Yes, Sir.

(c) A number of reports have already been published, one is in press and others at various stages of compilation.

Train accidents in Western Railway Division

936. SHRI RAMSINGHBHAI PATALIYABHAI RATHVAKOLI: Will the Minister of RAILWAYS be pleased to state:

(a) whether it is a fact that a number of train accidents occurred on Baroda, Bhavnagar, Rajkot and other Divisions of Western Railway as well as at other places in India during 1st June, 1987 to 11th February, 1988;

(b) if so, what are the details thereof;

(c) what are the details of loss of lives and properties in each accident;

(d) what are the details of the compensation given to each victim;

(e) what are the details of various committee and commission on each case;

(f) what are the details of the persons found guilty on each accident; and

(g) what are the concrete steps taken to avoid such accidents and to increase efficiency of railway staff?

THE DEPUTY MINISTER IN THE MINISTRY OF RAILWAYS (SHRI MAHABIR PRASAD): (a) and (b) Yes, Sir.

Division-wise break up of the train accidents on Western Railway during this period is Ajmer 3, Bhavnagar 7, Bombay 6, Jaipur 8, Kota 7, Rajkot 3, Ratlam 17 and Vadodara 2.

During the same period, 444 train accidents occurred on Indian Railways.